

CLAIMS ONLY						Application Number <i>10735851</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	<i>1</i>						51					
2		<i>1</i>					52					
3		<i>1</i>					53					
4		<i>1</i>					54					
5		<i>1</i>					55					
6		<i>1</i>					56					
7	<i>1</i>						57					
8		<i>1</i>					58					
9		<i>1</i>					59					
10		<i>1</i>					60					
11		<i>1</i>					61					
12							62					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<i>2</i>						Total Indep					
Total Depend	<i>9</i>						Total Depend					
Total Claims	<i>11</i>						Total Claims					